

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions:

FORM APPROVED
OMB NO.
1105-0008
EXPIRES 4-30-94

⇔57423-380⇔

Albert Armendariz Sr.
525 Magoffin AVE
Rm 105 US Courthouse
EL PASO, TX 79901
United States2. Name, Address of claimant and claimant's personal representative, if any.
(See instructions on reverse.) (Number, street, city, State and Zip Code)**MARIA GUADALUPE HERNANDEZ
FCC COLEMAN CAMP UNITE F-1
COLEMAN, FLORIDA 33521**

3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 03-16-57	5. STATUS Separated	6. DATE AND DAY OF ACCIDENT May 2016	7. TIME (A.M. OR P.M.)
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8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying the persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

ATTORNEY CLIENT BREACH OF CONTRACT

I paid Mary Stillinger a total of \$60,000.00 thinking she was going call my witnesses and hire a private investigator and failed to do so.
(See Contract attached) The contract I signed was for \$30,000.00 unless she did hire a investigator and call my witnesses. She refuses to return the second \$30,000.00 that between my husband, father in law and I paid.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

\$30,000.0010. **PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

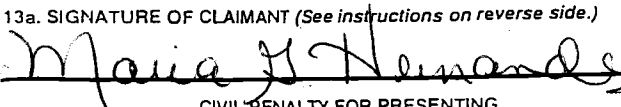
11. **WITNESSES**

NAME	ADDRESS (Number, street, city, State and Zip Code)
RENE HERNANDEZ	1371 BAT MASTERSON DRIVE EL PASO, TEXAS 79936

12. (See instructions on reverse) **AMOUNT OF CLAIM (in dollars)**

12a. PROPERTY DAMAGE \$30,000.00	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$30,000.00
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I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) 	13b. Phone number of signatory (915) 241-9056	14. DATE OF CLAIM September 9, 2018
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

MARY STILLINGER
A T T O R N E Y

4911 Alameda • El Paso, Texas 79905
(915) 775-0705

Licensed in Texas
and New Mexico

Board Certified in Criminal Law by the
Texas Board of Legal Specialization

October 22, 2014

Maria Guadalupe Hernandez
1371 Bat Masterson Drive
El Paso, Texas 79936

Re: Investigation: United States v. Maria Guadalupe Hernandez
NCUA v. Maria Guadalupe Hernandez, EP-14-CV-0380-DB

Dear Mrs. Hernandez:

I am writing to confirm our employment agreement. You are hiring me to represent you in the above-referenced investigation that is pending in the United States District Court for the Western District of Texas, and also to answer the above-referenced lawsuit filed against you.

We have agreed that my initial fee this representation is \$30,000. We will negotiate additional fees once we know more about your situation. You understand that this fee covers my representation of you in the investigation **prior** to charges being filed. You understand that I have been told that criminal charges will be filed against you shortly. However, in order for me to file an entry of appearance for you in that criminal case, there will be additional fees.

Further, with respect to the civil case, our agreement covers the initial response to the restraining order and answer to the lawsuit. It does **not** cover the full scope of representation in this case.

I do not bill hourly and the entire fee is **non-refundable**, regardless of the outcome of the investigation or civil case. You understand that the fee is earned upon payment in consideration for my agreement to take the case. Further, you have agreed to a fixed fee, in lieu of hourly billing. I can make no representation regarding the outcome of the investigation or case.

Expenses are separate and may include such things as court reporter fees, overnight courier fees, witness fees or travel expenses, private investigator fees, and expert witness fees. I will not incur any large expenditure without your prior approval.

If this letter accurately reflects our agreement, please sign this letter at the bottom and return it to me.

Sincerely,

Mary Stillinger

AGREED:


MARIA GUADALUPE HERNANDEZ

November 2, 2016

Re: Attorney fees

Dear Mary,

In the initial attorney fees contract letter dated October 22, 2014, that I signed, you charged me a total of \$30,000.00 which it clearly states that its non refundable. I ended paying a total of \$60,000.00 thru the end of the trial. We would like to know since there was no witness called, private investigator , witness fee or travel, if we will get a refund from the last \$30,000.00 that we paid. We are trying to see if we can come up with the appeal attorney's fees.

Thank you


Maria Guadalupe Hernandez

RECEIPT		No. 205217	
DATE	Oct. 21, 2014		
FROM	Lori Hernandez		\$ 15,000.00
Fifteen thousand 00/100 DOLLARS			
<input type="radio"/> FOR RENT <input checked="" type="radio"/> FOR <i>Atty. Fees</i> # 965119 1299701645			
ACCT.		<input type="radio"/> CASH	
PAID		<input checked="" type="radio"/> CHECK	#36771
DUE		<input type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	
		FROM	TO
		BY	
		A-1152 T-4161	

GECU WE'RE WITH YOU		THIS DOCUMENT HAS A PRISMATIC PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK	
VALID FOR ONE YEAR FROM DATE OF ISSUE		No. 1028592	
August 28, 2015		A 90 DAY WAITING PERIOD AND AN INDEMNIFYING BOND MAY BE REQUIRED TO REPLACE THIS CHECK.	
TO THE ORDER OF	PAY TO THE ORDER OF		\$20,000.00
MARY STILLINGER ATTORNEY AT LAW		*****	
*****		*****	
RE: MARIA & LEONARDO HERNANDEZ		DOLLARS	
CASHIER'S CHECK		By <i>[Signature]</i> AUTHORIZED SIGNATURE	
GECU		By <i>[Signature]</i> AUTHORIZED SIGNATURE	
88-6108 3120		TWO SIGNATURES REQUIRED FOR AMOUNTS OVER \$2000.00	
1028592 13120810891 88000010			

Capture Date	Sequence #	Check #	Member #	HiLo	Amount	Return Reason	Return Date
10/27/2014	92163970	3677	80032419		\$10,000.00		

LEONARDO OR OFELIA HERNANDEZ
7840 JERSEY ST. 772-2280
EL PASO, TX 79915

3677
88-8108/3120
1

10-22-14
DATE

PAY TO THE ORDER OF MARY STILLINGER \$ 10,000.00
TEN THOUSAND AND NO/100 DOLLARS



MEMBER COPY

For _____

[Handwritten signature]

⑆312081089⑆ 80032419 3677

Printed Date

>112017619< 20141024
WESTSTAR BANK
1016 27

MEMBER COPY

~~112017619 DWR# 1016 TRNE 27 10/24/14~~

*For deposit only
Mary Stillinger
For A Trust
1016 44801287*

Capture Date	Sequence #	Check #	Member #	HiLo	Amount	Return Reason	Return Date
10/30/2014	72683334	969711	88000010		\$15,000.00		

THIS DOCUMENT HAS A PRISMATIC PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK

GECU
WE'RE WITH YOU

VALID FOR ONE YEAR FROM DATE OF ISSUE

No. **969711**

A 90 DAY WAITING PERIOD AND AN INSURANCE BOND MAY BE REQUIRED TO REPLACE THIS CHECK.

TO THE ORDER OF MARY STILLING **\$15,000.00**

CASHIER'S CHECK

RE: **LEONARDO HERNANDEZ**

By [Signature] AUTHORIZED SIGNATURE

By [Signature] AUTHORIZED SIGNATURE

MEMBER COPY

P.O. BOX 20598 • EL PASO, TEXAS 79968

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER \$200.00

#969711# C312081089# 88000010#

MEMBER COPY

ENDORSED AS DRAWN

For deposit only

Mary Stilling, DCHA Tre

4480 1288

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

CLERK 125107 LWR# 1014 TRF# 44 08/29/14

MEMBER COPY

THE SOCIETY FOR THE IMPROVED FORTUNE TELLING BANK

RESERVE BOARD OF GOVERNORS MFG. CO.

⇨57423-380⇨

Maria Hernandez
Federal Corr. Complex Camp Unit F-1
P O Box 1027
Coleman, FL 33521
United States



U.S. POSTAGE PAID
FCM LG ENV
COLEMAN, FL
33521
OCT 01, 18
AMOUNT
\$0.00
R2305H130354-09



79901



1023

⇨57423-380⇨

Albert Armendariz Sr.
525 Magoffin AVE
Rm 105 US Courthouse
EL PASO, TX 79901
United States